

# PROFESSIONAL FUND RAISER / COMMERCIAL CO-VENTURER REGISTRATION STATEMENT

**RETURN TO:**

Office of the Attorney General  
Consumer Affairs Section  
11 South Union Street  
Montgomery, Alabama 36130  
(334) 242-7335

☐ **Initial Registration**
☐ **Statement Update**

Original registration date \_\_\_\_\_

Provide the information below. A fee of one hundred dollars (\$100) payable to the Office of the Attorney General must be paid at the time of registration (and upon annual renewal). Registration will be for the period of one year, or a part thereof, expiring on September 30th of each year. Every registered organization shall notify the Attorney General within 10 days of any change in the information submitted herein.

1. Legal Name of Business \_\_\_\_\_

\_\_\_\_\_

1A. All other names under which your organization does business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **Principal Place of Business**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

2A. Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

2B. Telephone Number(s) \_\_\_\_\_

Fax Number(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

3. What type of business entity is the organization? \_\_\_\_\_

\_\_\_\_\_

3A. Provide a copy of any articles of incorporation or other relevant documents.

4. On a separate page, list the names, addresses, social security numbers, dates of birth and drivers license numbers of all owners, directors, and/or managers of the organization.

5. List **contact information** for each location in the State of Alabama from which you will solicit funds.

5A. **Location 1**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

5B. **Location 2**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

5C. **Location 3**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

5D. Use additional pages as necessary.

6. Describe the type of solicitation programs that will be utilized by your business (personal contact, direct mail, radio, newspaper, television, etc.).

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6A. **Provide a copy of any written sales script, advertisements, etc.**

6B. Use additional pages as necessary.

7. Describe the terms under which your business will be compensated for its charitable solicitation activities. \_\_\_\_\_

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7A. **Provide a copy of any contracts for charitable solicitation.**

8. Has your business ever been denied a license or permit to solicit funds? Yes ☐ No ☐

Has your business ever had a license or permit revoked? Yes ☐ No ☐

8A. If YES to either of the above questions, explain in detail providing the location of the action, the name of the governmental agency that brought the action, and the dates and nature of the action. \_\_\_\_\_

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8B. Use additional pages as necessary.

9. Has your business ever been enjoined or prohibited from soliciting charitable contributions by any governmental agency? Yes ☐ No ☐

9A. If YES, explain in detail providing the location of the action, the name of the governmental agency that brought the action, and the date and nature of the action. \_\_\_\_\_

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9B. Use additional pages as necessary.

10. Have any of the owners and/or corporate officers of your business ever been convicted of a felony? Yes ☐ No ☐

10A. If YES, explain in detail. \_\_\_\_\_

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10B. Use additional pages as necessary.

11. Has the business or any of its owners, directors, and/or managers ever been the subject of a civil judgment or administrative action for fraud? Yes ☐ No ☐

11A. If YES, explain in detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11B. Use additional pages as necessary.

12. List the name, address and telephone number of all **banks, savings and loan associations and all other such financial institutions** in which the organization will deposit the funds received, and identify the names in which the funds will be deposited.

12A. Financial Institution Name (1) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Names for depositing funds \_\_\_\_\_  
\_\_\_\_\_

12B. Financial Institution Name (2) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Names for depositing funds \_\_\_\_\_  
\_\_\_\_\_

12C. Use additional pages as necessary

13. List the names, addresses, social security numbers, dates of birth, and drivers license numbers of **any persons who will solicit funds**.

13A. **Solicitor 1**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ DL \_\_\_\_\_

13B. **Solicitor 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ DL \_\_\_\_\_

13C. **Solicitor 3**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ DL \_\_\_\_\_

13D. Use additional pages as necessary

**Bond Requirement**

At the time of making application, the applicant must file with, and have approved by the Office of the Attorney General, a bond in which the applicant shall be the principal obligor in the sum of ten thousand dollars (\$10,000) with one or more sureties whose liability in the aggregate as sureties will at least equal that sum. The bond shall run to the Office of the Attorney General for the use of the state and to any person who may have a cause of action against the obligor of the bond for any malfeasance or misfeasance in the conduct of the solicitation.

**Contracts and Closing Statements**

All contracts entered into between professional fundraisers or commercial co-venturers and charitable organizations must be in writing. A true and correct copy of each contract shall be filed by the professional fundraiser or commercial co-venturer with the Office of the Attorney General within ten (10) days after it is executed. No services may be performed under a contract until the expiration of fifteen (15) days from the date the contract is filed with the Office of the Attorney General. Within 90 days after the termination of the contract, the professional fund raiser or commercial co-venturer must file a closing statement with the Office of the Attorney General disclosing gross receipts and all expenditures incurred in the performance of the contract.

**Public Disclosure Notice**

Information in this statement is public record and all or portions of this information may appear on the Attorney General's website.

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**CERTIFICATION**

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I, (NAME) \_\_\_\_\_, (TITLE) \_\_\_\_\_ hereby  
certify under penalty of perjury, that the information contained in this statement is true and correct. I further  
certify that I am authorized to submit this statement on behalf of the business named in line 1 above. I also  
understand that I am under a continuing obligation to notify the Office of the Attorney General within ten (10)  
days of any change in the information provided.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ My Commission Expires \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION